

further investments in the number of HCW's and in the quality of care provided to mothers.

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### Evaluation of long-acting contraceptive (implant) acceptance, utilization, and discontinuation in Huambo and Luanda, Angola

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**Program/Project Purpose:** High rates of fertility contribute directly and indirectly to poor maternal and child health by increasing exposure to pregnancy related risks in women, and reducing availability of scarce resources for children. The Republic of Angola currently has the world's highest under-five mortality rate at 157/1000 live births<sup>1</sup> and a maternal mortality ratio of 460/100,000 live births<sup>2</sup>, coupled with a crude birth rate of 44 births/1000 people<sup>3</sup>. To address these challenges, Jhpiego has been working since 2011 to implement the ForçaSaúde Program, where a key component has been to increase access to and utilization of modern contraceptives, including sub-dermal implants. The program initially saw 13,000 women receiving contraceptive implants over a 14-month period<sup>4</sup>, but anecdotal evidence suggests that there have been an increasing number of women returning to remove their implants. In response, we conducted a formative evaluation to understand drivers for discontinuation and barriers to use, and to identify possible interventions.

**Structure/Method/Design:** A formative evaluation was conducted in the provinces of Huambo and Luanda in 8 public health facilities using in-depth interviews, focus groups, and a review of existing records. Interviews were held with providers, former users of implants, and current users of implants, focusing on individual level experiences with implants and perceptions on family planning. Data will be analyzed, and potential interventions will be developed to present to stakeholders for review and implementation.

**Outcome & Evaluation:** Preliminary results indicate that side effects (bleeding, pain, dizziness, weight gain), influence of male partners, and false information such as permanent infertility are main drivers for discontinuation. Potential strategies identified for further investigation include improved information dissemination through TV/radio, education campaigns in churches, couples counselling, and male-targeted education.

**Going Forward:** Results will be disseminated to stakeholders from the Angolan Ministry of Health and USAID. Identified strategies will be reviewed with stakeholders, refined, and implemented in specific facilities for evaluation. Long-term, Angola continues to face challenges around cultural customs, gender roles in family planning, and population level awareness on contraceptive use that will require broader efforts and a national strategy.

**Funding:** ForçaSaúde is funded by USAID.

### References:

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2. The World Bank. Maternal mortality ratio (modeled estimate, per 100,000 live births). *World Bank*. 2013.
3. The World Bank. Birth rate, crude (per 1,000 people). *World Bank*. 2013. <http://data.worldbank.org/indicator/SP.DYN.CBRT.IN>. Accessed August 15, 2015.
4. Jhpiego. *Jhpiego in Angola*. Baltimore; 2014.

**Abstract #:** 2.028\_MDG

### How can male rates of HIV testing in southern Malawi be increased? A mixed methods study of men's preferences

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**Background:** Malawi, Africa has one of the highest HIV prevalence rates in the world with 10.3% of adults infected. HIV testing varies by gender with 73% of women and 52% of men having ever been tested. The primary aim is: how can male rates of HIV testing be increased?

**Methods:** This explanatory sequential mixed methods study was conducted in Mulanje District in southern Malawi. Participants lived or worked in rural villages served by an HIV health education and testing intervention of the nongovernmental organization, Global AIDS Interfaith Alliance (GAIA). We collected cross-sectional data in 2014–2015 on HIV testing and related knowledge, attitudes, and behavior from men (>18 years) at the beginning of the 3-year intervention (n=174) and after one year (n=251). Using a qualitative questionnaire based on the Theory of Planned Behavior, we interviewed 84 rural village men, HIV health care providers, and community leaders in focus groups and one-on-one interviews. This study received IRB approval from UNC Chapel Hill and Malawi's National Health Sciences Research Committee.

**Findings:** Quantitative data indicate younger men are significantly more likely to be tested than older men (p<0.002) and as many as 82% of all participants say they are afraid to know their HIV status. Men who have comprehensive HIV knowledge are no more likely to be tested than men who do not. Qualitative findings indicate men fear testing because of stigma. Men prefer male HIV testing counselors and testing to take place in the household. They suggest financial or material incentives to motivate testing. Finally, men say village chiefs wield influence and can be effectively used in increasing testing.

**Interpretation:** Men and providers describe how clinic operations lead to easy identification of patients seeking HIV testing and this in turn may result in men experiencing stigma. The current delivery of some testing services in southern Malawi may not alleviate fears and may even exacerbate them. Men may be more willing to pursue

testing if men provide it in the home. Limitations concern study restriction to southern Malawi; strengths include a contribution to inadequate literature on male testing preferences.

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### **Anemia as a risk factor for postpartum hemorrhage in HIV positive women in KwaZulu Natal, South Africa**

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**Background:** Postpartum hemorrhage (PPH) is a major public health problem which affects a significant number of women worldwide and contributes to global maternal morbidity and mortality. Anemia in pregnancy has been shown to correlate strongly with blood loss at delivery. The purpose of this study was to investigate the association between anemia and postpartum hemorrhage (PPH) in an HIV endemic population.

**Methods:** A retrospective chart review of pregnant women delivering at two district hospitals in semi-urban KwaZulu Natal, South Africa between January 1, 2013 and December 31, 2013 was conducted. HIV status, antenatal hemoglobin, estimated blood loss and presence or absence of a PPH was obtained.

**Findings:** Four hundred and seventy-three charts were reviewed. Postpartum hemorrhage occurred in 35 women (7.4%). One hundred ninety-three women (40.8%) were anemic (Hb <10). One hundred sixty-seven women (36.5%) were HIV positive. Of those with PPH, 54.5% were HIV positive and 51% were anemic.

**Interpretation:** The prevalence of anemia among women delivering at two semi-urban district hospitals in KwaZulu-Natal, South Africa is high. Anemia in HIV positive pregnant women is a risk factor for postpartum hemorrhage in the study population. Further investigation is needed to determine how best to treat anemia in HIV positive pregnant women to decrease hemorrhage-associated maternal morbidity and mortality.

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### **Sexual coercion among students at the University of Cape Coast, Ghana**

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**Background:** Sexual coercion refers to an array of encounters that compel an individual to have sex against his or her will. Factors associated with sexual coercion have not been explored among university students in Ghana. The current study surveyed students at the University of Cape Coast, in Ghana, about their experiences of forced and coerced sex.

**Methods:** Data for the study were collected via a tablet computer-based, self-administered survey of resident students of the University of Cape Coast in Ghana, one of Ghana's 6 public universities. Sexually experienced students were asked a series of questions about their first time having sex, as well as their most recent time having sex. All participants, regardless of if they had responded that they had had sexual intercourse, were asked, "Has anyone ever physically forced, hurt or threatened you into having sexual intercourse?" Those who answered yes, as well as those who reported they were "very unwilling" to have sex on either their first or last time having sex were considered to have experienced sexual force or coercion. This was used as the outcome variable for multivariate logistic regression analysis.

**Findings:** 480 females and 556 males completed the survey. 124 (25.8%) of the females and 242 (44.2%) of the males have had sexual intercourse. Almost 42% of the females reported they were "not at all willing" to have sex the first time. 126(26%) females and 91 (16%) males have had sex either because they were forced or coerced, or when they were "very unwilling". Those students who reported experiencing forced or coerced sex were more likely to have had an abortion (OR 2.9), to have engaged in transactional sex (OR 1.9) and to be female (OR 3.5).

**Interpretation:** While programs to improve sexual and reproductive health targeted to young people often stress the importance of abstinence until marriage, this goal is not achievable for many as they are not willingly having sex. Programs which only teach abstinence are not responding to the realities for many of their participants and overlook young people's experiences with violence and coerced sex.

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### **Innovative student run program teaches students simulation based clinical skills in a low-resource setting**

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**Background:** In the United States, medical students receive minimal clinical experience during the first two years of the classroom-based curriculum, with even less training regarding low-resource environments. In an effort to increase the clinical opportunities available to first and second year medical students, the student-run Global Health Alliance (GHA) at Texas Tech University Health Sciences Center developed an innovative, hands-on program for the learning and application of clinical skills in low-resource settings. This educational program uses clinical simulations to teach specific skill sets adapted to settings where resources are limited. These simulations challenge students to think critically and apply newly learned clinical skills to react to acute care situations.

**Methods:** Participants travel to the Texas Tech wilderness campus in Junction, Texas to take part in hands-on clinical simulations over